

APPLICATION FOR EMPLOYMENT (Non-CDL)

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO "ANYTHING" IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE : _____ **TIME:** _____

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY #: _____ **TELEPHONE #:** _____

CURRENT ADDRESS: _____ **DATES OF RESIDENCY:** _____

ALL OTHER ADDRESSES DURING THE LAST 3 YEARS
PREVIOUS ADDRESSES DATES OF RESIDENCY

Job(s) Applied for: 1. _____
RATE OF PAY EXPECTED: \$ _____ PER _____
2. _____
RATE OF PAY EXPECTED: \$ _____ PER _____

Do You Want To Work: Full-Time Part-Time

If applying only for part-time, what days and hours?

Have you ever applied for work with us before?

YES NO If yes, when?

List anyone you know who works for us:

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us?

U.S. Armed Forces Service? Yes No

Branch: Duties:

Rank or Rating at time of enlistment: Rank at time of discharge:

Were you dishonorably discharged? Yes No
If yes, explain:

Are you able to do the job for which you are applying? Yes No
If not, please explain:

Are you 18 years of age or older? Yes No
Have you ever been convicted of a crime? Yes No
If yes, explain when, where, and the nature of the offense:

(Conviction of a crime will not be an automatic bar to employment.)

Are you authorized to work in the United States? Yes No

If hired, when can you start?

EDUCATION

SCHOOL	NAME OF SCHOOL	# YRS. ATTENDED	CITY/STATE	COURSE
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
OTHER				

PRIOR WORK EXPERIENCE

Name and Address of Employer	Dates of Employment	Reason for Leaving	Type of Work Done	Start Pay	Final Pay
	From To				

BUSINESS REFERENCES

NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness: I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.
2. Authorization for Employment/Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the Mason County Road Commission any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the Mason County Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.
3. Employment at Will. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Mason County Road Commission, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with cause, and with notice, at any time, at the option of either the Mason County Road Commission or myself. I understand that no manager or other representative of the Mason County Road Commission, other than the Managing Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Managing Director must be made in writing to be effective.
4. Authorization to Work. If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. Need for Accommodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the Mason County Road Commission of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the Mason County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Mason County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Mason County Road Commission determine it is necessary to do so.
7. Release of Medical Information. I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, text or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.
8. Physical Exam and Drug and Alcohol Testing. I agree that if a job offer is made to me I will, before commencing employment, take a physical exam with a back x-ray and authorize the Mason County Road commission or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand the decisions concerning my employment will be made as a

result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the Mason County Road Commission.

9. Psychological/Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Mason County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a Mason County Road Commission vehicle, I authorize the Mason County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

11. Fringe Benefits. In accepting employment with the Mason County Road Commission, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The Mason County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Mason County Road Commission or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

13. Consideration of Employment. I understand that my Application will be considered pursuant to the Mason County Road Commission's normal procedures for a period OF SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

14. Limitation of Action. I agree that I shall not commence any action or other legal proceeding to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations to the contrary.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #14 ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Applicant's Signature